

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
MA 03-016

2. STATE  
South Carolina

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
01/01/04

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY N/A \$

b. FFY N/A \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Index Page number 55

Index Page number 55

10. SUBJECT OF AMENDMENT:

Managed care organization, health insuring organization, prepaid inpatient health plan or prepaid ambulatory health plan to charge copays in an amount equal to the State Plan service cost-sharing.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Mr. Kerr is the  
Governor's Designee to sign State Plan  
Amendments

12. SIGNATURE OF STATE/AGENCY OFFICIAL:



13. TYPED NAME: Robert M. Kerr

14. TITLE: Director

15. DATE SUBMITTED:

December 18, 2003

16. RETURN TO:

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. IF PROPOSED PLAN IS APPROVED BY REGIONAL OFFICE, SIGNATURE OF REGIONAL ADMINISTRATOR	18. IF PROPOSED PLAN IS APPROVED BY REGIONAL OFFICE, SIGNATURE OF REGIONAL ADMINISTRATOR
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Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory: South Carolina

Citation 4.18(b) (2) (Continued)

42 CFR 447.51  
through  
447.58

(iii) All services furnished to pregnant women.  
women.

[x] Not applicable. Charges apply for  
services to pregnant women unrelated to  
the pregnancy.

(iv) Services furnished to any individual who  
is an inpatient in a hospital, long-term  
care facility, or other medical  
institution, if the individual is  
required, as a condition of receiving  
services in the institution to spend for  
medical care costs all but a minimal  
amount of his or her income required for  
personal needs.

(v) Emergency services if the services meet  
the requirements in 42 CFR 447.53(b) (4).

(vi) Family planning services and supplies  
furnished to individuals of childbearing  
age.

(vii) Services furnished by a managed care  
organization, health insuring  
organization, prepaid inpatient health  
plan, or prepaid ambulatory health plan  
in which the individual is enrolled,  
unless they meet the requirements of 42  
CFR 447.60.

42 CFR 438.108  
42 CFR 447.60

[ x ] Managed care enrollees may be  
charged deductibles, coinsurance  
rates, and copayments in an amount  
equal to the State Plan service  
cost-sharing.

[ ] Managed care enrollees are not  
charged deductibles, coinsurance  
rates, and copayments.

1916 of the Act,  
P.L. 99-272,  
(Section 9505)

(viii) Services furnished to an individual  
receiving hospice care, as defined  
in section 1905(o) of the Act.

TN MA 03-016

Effective Date 01/01/04

Supersedes

Approval Date 02/04/04

TN MA 03-011